NC	FILE NOW:	FILING FE	E IS \$61.2	5			FIL		00
COF	ONPROFIT RPORATION JAL REPORT			ARTMENT ( B. Morth tary of State	am	May 09 Secre		978: 7 of St	
1331				DIVISION OF CORPORATIONS				,	
	MENT # <b>N94</b> D KU KLUX KLAN, INC	000003 c.	<b>3976 (</b> 7	<b>')</b>					
rincipal Plac	e of Business	Mailin	g Address		······		L COAL OUN D	ATH RULUE THIN WITH I	EDFR ELIA (DEF)
ATIONAL OFF .O. BOX 700 IREEN COVE	FICE SPRINGS FL 32043-1689	P.O. B	NAL OFFICE IOX 700 N COVE SPRINGS	FL 32043-0	700	3. Date incorporated or Qual	ified 3a	Date of Last R	eport
						08/12/1994		05/23/19	96
. Principal P	lace of Business	28. Ma	ailing Address			4. FEI Number 59-3260136			plied For t Applicable
Suite, Apt.	#, etc.	27 Su	ilte, Apt. #, etc.			5. Certificate of Status Desire	d 🗋	\$8.75 / Fee Re	
City & Stat	e		ty & State		·····	6. Election Campaign Financ Trust Fund Contribution	ing	\$5.00 Added t	
Zip	Country 25	29 29	þ	30 Cou	intry	<ol> <li>This corporation has liabili Florida Statutes</li> </ol>		gible tax under s. s D No	199.032,
·	9. Name and Address of (	Current Register	ed Agent		61 Nam 2	10. Name and Address of Na		ored Agent	
THROW	ER, PAUL R			İ	TAU	L. R. THROWER			
3465 RI	USSELL ROAD			l	1 <u>334</u>	Iress (P.O. Box Number is Not Acc		<u></u>	
GREEN	COVE SPRINGS FL 32043							leel 7th	20de
					B4 City GREEN	SHE SARINGS	1	FL 🖁 🕉	Code
1 Durauant	to the provisions of Castions C		1EOO Elorida Stat	inter the e	hours named cor		the euroe	se of changing it	o registered
agent. I a	to the provisions of Sections 6 registered agent, or both, in the am familiar with, and accept the	17.0502 and 617. e State of Florida. e obligations of, St	1508, Florida Stat Such change wa ection 617.0503,	utes, the a s authorize Florida Sta	bove-named cor d by the corpore lutes.	poration submits this statement for ation's board of directors. I hereby	r the purpo accept the	se of changing it appointment as	s registered registered
agent. I a	am familiar with, and accept the Signature typed or printed name of regist	e obligations of, Se level agent and title if ap	ection 617.0503,	Florida Stai	bove-named cor d by the corpore lutes. d Agent signature requ	poration submits this statement for tion's board of directors. I hereby ired when reinstating)	DA	NTE	
agent. I a IGNATURE 2.	Signature typed or printed name of regist OFFICEI	e obligations of, Se	ection 617.0503,	Florida Stai	d Agent signature requ TLE	poration submits this statement for tion's board of directors. I hereby	DA	NTE	
agent. I a IGNATURE 2. ILE ME	am familiar with, and accept the Signature typed or printed name of regist OFFICE1 PD SHUMAKER, MIKE	e obligations of, Se level agent and title if ap	ection 617.0503, oplicable (N DRS	Florida Stai	Lutes. d Agent signature requ TLE AME	poration submits this statement for tion's board of directors. I hereby ired when reinstating)	DA		IS IN 12
agent. I a IGNATURE 2. ITLE AME TREET ADDRESS	Signature typed or printed name of regist OFFICEI PD SHUMAKER, MIKE 904 ALLIE MURRY RD.	e obligations of, Se level agent and title if ap	ection 617.0503, oplicable (N DRS	OTE: Registere 13. 1.1 TI 1.2 N 1.3 S	d Agent signature requ TLE	poration submits this statement for tion's board of directors. I hereby ired when reinstating)	DA		IS IN 12
agent. I a IGNATURE ILE AME TREET ADDRESS ITY-ST-ZIP ITLE	am familiar with, and accept the Signature typed or printed name of regist OFFICEI PD SHUMAKER, MIKE 904 ALLIE MURRY RD. MIDDLEBURG FL VDT	e obligations of, Se level agent and title if ap	ection 617.0503, oplicable (N DRS	Florida Stat OTE: Registere 13. 1.1 Ti 1.2 N 1.3 S 1.4 C 2.1 Ti	d Agent signature requ TLE AME TREET ADDRESS TY-ST-ZIP TLE	poration submits this statement for tion's board of directors. I hereby ired when reinstating)	DA		
agent. I a IGNATURE 2. 2. 11E AME IREET ADDRESS ITY-ST-2IP	am familiar with, and accept the Signature typed or printed name of regist OFFICEI PD SHUMAKER, MIKE 904 ALLIE MURRY RD. MIDDLEBURG FL	e obligations of, Se level agent and title if ap	ection 617.0503, pplicable (N DRS DELÉTE	CTE: Registere 13. 1.1 Tl 1.2 N 1.3 S 1.4 C 2.1 Tl 2.2 N	d Agent signature requ TLE AME TREET ADDRESS TY-ST-ZIP TLE	poration submits this statement for tion's board of directors. I hereby ired when reinstating)	DA	AND DIRECTOR	IS IN 12
agent. I a IGNATURE 1LE AME IREET ADDRESS TY-ST-ZIP TLE IREET ADDRESS TY-ST-ZIP	Am familiar with, and accept the Signature typed or printed name of regist OFFICE PD SHUMAKER, MIKE 904 ALLIE MURRY RD. MIDDLEBURG FL VDT THROWER, PAUL 1334 THROWER RD. GREEN COVE SPRINGS	e obligations of, Si lered agent and title if ap RS AND DIRECTC	ection 617.0503, pplicable. (N DRS DELETE	Teorida Stat OTE: Registere 13. 1.1 Ti 12 N 1.3 S 1.4 C 2.1 Ti 2.2 N 2.3 S 2.4	d Agent algnatuve requ TLE AME TREET ADDRESS ITY - ST - ZIP TLE AME TREET ADDRESS ITY - ST - ZIP	poration submits this statement for tion's board of directors. I hereby ired when reinstating)	DA	AND DIRECTOR Change	IS IN 12
agent. I a GNATURE LE ME REET ADDRESS IY-ST-ZIP ILE ME REET ADDRESS IY-ST-ZIP LE	am familiar with, and accept the Signature typed or printed name of regist OFFICEI PD SHUMAKER, MIKE 904 ALLIE MURRY RD. MIDDLEBURG FL VDT THROWER, PAUL 1334 THROWER RD. GREEN COVE SPRINGS ST	e obligations of, Si lered agent and title if ap RS AND DIRECTC	ection 617.0503, pplicable (N DRS DELÉTE	Tiorida Stat (13. 1.1 Ti 1.2 N 1.3 S 1.4 C 2.1 Ti 2.2 N 2.3 S 2.4 3.1	d Agent signature requ TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE TLE	poration submits this statement for tion's board of directors. I hereby ired when reinstating)	DA	AND DIRECTOR	IS IN 12
agent. I a IGNATURE ILE ILE IME IT-ST-ZIP ILE IME IREET ADDRESS IY-ST-ZIP ILE ILE IY-ST-ZIP	am familiar with, and accept the Signature typed or printed name of regist OFFICEI PD SHUMAKER, MIKE 904 ALLIE MURRY RD. MIDDLEBURG FL VDT THROWER, PAUL 1334 THROWER RD. GREEN COVE SPRINGS ST WARREN, WANDA 1334 THROWER RD.	e obligations of, St lered agent and title if ap RS AND DIRECTO	ection 617.0503, pplicable. (N DRS DELETE	Florida Stat OTE: Registere 13. 1.1 Tl 12 N 1.3 S 1.4 C 2.1 Tl 2.2 N 2.3 S 2.4 3.1 3.2	d Agent signature requ TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE TLE	poration submits this statement for tion's board of directors. I hereby ired when reinstating)	DA	AND DIRECTOR Change	IS IN 12
agent. 1 a GNATURE . 2.	Am familiar with, and accept the Signature typed or printed name of regist OFFICE PD SHUMAKER, MIKE 904 ALLIE MURRY RD. MIDDLEBURG FL VDT THROWER, PAUL 1334 THROWER RD. GREEN COVE SPRINGS ST WARREN, WANDA	e obligations of, St lered agent and title if ap RS AND DIRECTO	In Contraction 617.0503, (N)	Tiorida Star (13. 1.1 Ti 1.2 N 1.3 S 1.4 C 2.1 Ti 2.2 N 2.3 S 2.4 3.1 3.2 3.3 3.4	d Agent signature requ TLE AME TREET ADDRESS ITY - ST - ZIP TLE AME TREET ADDRESS ITY - ST - ZIP TLE AME REET ADDRESS ITY - ST - ZIP	poration submits this statement for tion's board of directors. I hereby ired when reinstating)	DA	AND DIRECTOR Change Change Change	IS IN 12
agent. 1 a GNATURE	am familiar with, and accept the Signature typed or printed name of regist OFFICEI PD SHUMAKER, MIKE 904 ALLIE MURRY RD. MIDDLEBURG FL VDT THROWER, PAUL 1334 THROWER RD. GREEN COVE SPRINGS ST WARREN, WANDA 1334 THROWER RD.	e obligations of, St lered agent and title if ap RS AND DIRECTO	ection 617.0503, pplicable. (N DRS DELETE	Tiorida Star (13. 1.1 Ti 1.2 N 1.3 S 1.4 C 2.1 Ti 2.2 N 2.3 S 2.4 3.1 3.2 3.3 3.4	d Agent signature requ TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME REET ADDRESS REET ADDRESS	poration submits this statement for tion's board of directors. I hereby ired when reinstating)	DA	AND DIRECTOR Change	IS IN 12
agent. 1 a           GNATURE           2.           ILE           ME           REET ADDRESS           IY-SI-ZIP           ILE           ME           ILE           ME           ILE           IME	am familiar with, and accept the Signature typed or printed name of regist OFFICEI PD SHUMAKER, MIKE 904 ALLIE MURRY RD. MIDDLEBURG FL VDT THROWER, PAUL 1334 THROWER RD. GREEN COVE SPRINGS ST WARREN, WANDA 1334 THROWER RD.	e obligations of, St lered agent and title if ap RS AND DIRECTO	In Contraction 617.0503, (N)	Tiorida Stat TE: Registere 13. 1.1 Ti 12 N 13 S 1.4 C 2.1 Ti 2.2 N 2.3 S 2.4 3.1 3.2 3.3 3.4 4.1	d Agent signature requ TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME REET ADDRESS ITY-ST-ZIP TLE TLE	poration submits this statement for tion's board of directors. I hereby ired when reinstating)	DA	AND DIRECTOR Change Change Change	IS IN 12
agent. 1 a GNATURE 2. 1/LE	am familiar with, and accept the Signature typed or printed name of regist OFFICEI PD SHUMAKER, MIKE 904 ALLIE MURRY RD. MIDDLEBURG FL VDT THROWER, PAUL 1334 THROWER RD. GREEN COVE SPRINGS ST WARREN, WANDA 1334 THROWER RD.	e obligations of, St lered agent and title if ap RS AND DIRECTO	Internet of 17.0503, (N)	Tiorida Star Tiorida Star Ti	d Agent signature required and the second signature required at the second seco	poration submits this statement for tion's board of directors. I hereby ired when reinstating)	DA	AND DIRECTOR Change	IS IN 12 Addition Addition Addition Addition
agent. 1 a           GNATURE	am familiar with, and accept the Signature typed or printed name of regist OFFICEI PD SHUMAKER, MIKE 904 ALLIE MURRY RD. MIDDLEBURG FL VDT THROWER, PAUL 1334 THROWER RD. GREEN COVE SPRINGS ST WARREN, WANDA 1334 THROWER RD.	e obligations of, St lered agent and title if ap RS AND DIRECTO	In Contraction 617.0503, (N)	Tiorida Star Tiorida Star Ti	d Agent signature required and the second signature required at the second seco	poration submits this statement for tion's board of directors. I hereby ired when reinstating)	DA	AND DIRECTOR Change Change Change	IS IN 12
agent. 1 a           agent. 1 a           GNATURE           ILE           ME           REET ADDRESS           IY-ST-ZIP           ILE           ME           ME           IWE           IWE	am familiar with, and accept the Signature typed or printed name of regist OFFICEI PD SHUMAKER, MIKE 904 ALLIE MURRY RD. MIDDLEBURG FL VDT THROWER, PAUL 1334 THROWER RD. GREEN COVE SPRINGS ST WARREN, WANDA 1334 THROWER RD.	e obligations of, St lered agent and title if ap RS AND DIRECTO	Internet of 17.0503, (N)	Florida Stat OTE: Registere 13. 1.1 TI 12 N 13 S 1.4 C 2.1 TI 2.2 N 2.3 S 2.4 3.1 3.2 3.3 3.4 4.1 4.2 4.3 4.4 5.1 5.2	d Agent signature required and the second signature required at the second seco	poration submits this statement for tion's board of directors. I hereby ired when reinstating)	DA	AND DIRECTOR Change	IS IN 12 Addition Addition Addition Addition
agent. 1 a IGNATURE 2. 2. 11.E	am familiar with, and accept the Signature typed or printed name of regist OFFICEI PD SHUMAKER, MIKE 904 ALLIE MURRY RD. MIDDLEBURG FL VDT THROWER, PAUL 1334 THROWER RD. GREEN COVE SPRINGS ST WARREN, WANDA 1334 THROWER RD.	e obligations of, St lered agent and title if ap RS AND DIRECTO	ection 617.0503, opticable. (N DRS DELETE DELETE DELETE DELETE DELETE	Florida Stat OTE: Registere 13. 1.1 TI 12 N 13 S 14 C 2.1 TI 2.2 N 2.3 S 2.4 3.1 3.2 3.3 3.4 4.1 4.2 4.3 4.4 5.1 5.2 5.3 S 5.4	d Agent signature required and the second signature required at the second seco	poration submits this statement for tion's board of directors. I hereby ired when reinstating)	DA	AND DIRECTOR Change Change Change Change Change Change Change	IS IN 12 Addition Addition Addition Addition Addition
agent. I a IGNATURE ILE IME REET ADDRESS TY-ST-ZIP TLE IME REET ADDRESS	am familiar with, and accept the Signature typed or printed name of regist OFFICEI PD SHUMAKER, MIKE 904 ALLIE MURRY RD. MIDDLEBURG FL VDT THROWER, PAUL 1334 THROWER RD. GREEN COVE SPRINGS ST WARREN, WANDA 1334 THROWER RD.	e obligations of, St lered agent and title if ap RS AND DIRECTO	Internet of 17.0503, (N)	Florida Stat OTE: Registere 13. 1.1 TI 12 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S 2.4 3.1 3.2 3.3 3.4 4.1 4.2 4.3 4.4 5.1 5.2 5.3 S	d Agent signature required and the second signature required at the second seco	poration submits this statement for tion's board of directors. I hereby ired when reinstating)	DA	AND DIRECTOR Change	IS IN 12 Addition
agent. 1 a           agent. 1 a           GNATURE           ILE           ME           REET ADDRESS           IY-SI-ZIP           ILE           ME           IY-SI-ZIP           ILE           ME	am familiar with, and accept the Signature typed or printed name of regist OFFICEI PD SHUMAKER, MIKE 904 ALLIE MURRY RD. MIDDLEBURG FL VDT THROWER, PAUL 1334 THROWER RD. GREEN COVE SPRINGS ST WARREN, WANDA 1334 THROWER RD.	e obligations of, St lered agent and title if ap RS AND DIRECTO	ection 617.0503, opticable. (N DRS DELETE DELETE DELETE DELETE DELETE	Florida Stat OTE: Registere 13. 1.1 TI 12 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S 2.4 3.1 3.2 3.3 3.4 4.1 4.2 4.3 4.1 4.2 5.3 S 5.4 6.1 6.2	d Agent signature required and the second signature required at the second seco	poration submits this statement for tion's board of directors. I hereby ired when reinstating)	DA	AND DIRECTOR Change Change Change Change Change Change Change	IS IN 12 Addition Addition Addition Addition Addition
agent. 1 a           agent. 1 a           GNATURE           ILE           ME           REET ADDRESS           IY-ST-ZIP	am familiar with, and accept the Signature typed or printed name of regist OFFICEI PD SHUMAKER, MIKE 904 ALLIE MURRY RD. MIDDLEBURG FL VDT THROWER, PAUL 1334 THROWER RD. GREEN COVE SPRINGS ST WARREN, WANDA 1334 THROWER RD. GREEN COVE SPRINGS	e obligations of, Si Ierod agent and title if ap RS AND DIRECTO	ection 617.0503, pplicable. (N DRS DELETE DELETE DELETE DELETE DELETE DELETE	Florida Stat OTE: Registere 13. 1.1 TI 12 N 13 S 14 C 2.1 TI 2.2 N 2.3 S 2.4 3.1 3.2 3.3 3.4 4.1 4.2 4.3 4.4 5.1 5.2 5.3 S 5.4 6.1 6.2 6.3 6.4	d Agent algnature required algnature required algnature required algnature required at the second at	poration submits this statement for tion's board of directors. I hereby and when reinstating) ADDITIONS/CHANGES TO	OFFICERS	AND DIRECTOR Change Change Change Change Change Change Change Change Change	IS IN 12 Addition Addition Addition Addition Addition Addition Addition
agent. 1 a GNATURE 2. ILE ME REET ADDRESS TY-ST-ZIP ILE ME REET ADDRESS TY-ST-ZIP ILE ME REET ADDRESS TY-ST-ZIP ILE IXEET ADDRESS TY-ST-ZIP ILE IXEET ADDRESS TY-ST-ZIP ILE IXEET ADDRESS TY-ST-ZIP ILE IXEET ADDRESS TY-ST-ZIP ILE IXEET ADDRESS TY-ST-ZIP	am familiar with, and accept the Signature typed or printed name of regist OFFICEI PD SHUMAKER, MIKE 904 ALLIE MURRY RD. MIDDLEBURG FL VDT THROWER, PAUL 1334 THROWER RD. GREEN COVE SPRINGS ST WARREN, WANDA 1334 THROWER RD. GREEN COVE SPRINGS	e obligations of, Si Ierod agent and title if ap RS AND DIRECTO	ection 617.0503, pplicable. (N DRS DELETE DELETE DELETE DELETE DELETE DELETE	Florida Stat OTE: Registere 13. 1.1 TI 12 N 13 S 14 C 2.1 TI 2.2 N 2.3 S 2.4 3.1 3.2 3.3 3.4 4.1 4.2 4.3 4.4 5.1 5.2 5.3 S 5.4 6.1 6.2 6.3 6.4	d Agent algnature required algnature required algnature required algnature required at the second at	poration submits this statement for tion's board of directors. I hereby and when reinstating) ADDITIONS/CHANGES TO	OFFICERS	AND DIRECTOR Change Change Change Change Change Change Change Change Change	IS IN 12 Addition  Addition  Addition  Addition  Addition  Addition  Addition
agent. 1 a           GNATURE           GNATURE	am familiar with, and accept the Signature typed or printed name of regist OFFICEI PD SHUMAKER, MIKE 904 ALLIE MURRY RD. MIDDLEBURG FL VDT THROWER, PAUL 1334 THROWER RD. GREEN COVE SPRINGS ST WARREN, WANDA 1334 THROWER RD. GREEN COVE SPRINGS	supplied with this to receive	Interest of 17.0503, (N)	Florida Stat           OTE: Registere           13.           1.1 Tl           12 N           13.5           1.4 C           2.1 Tl           2.2 N           2.3 S           2.4           3.1           3.2           3.3           3.4           4.1           4.2           4.3           4.4           5.1           5.2           5.3 S           5.4           6.1           5.2           6.3           6.4           alify for th           s true and to wave of	d Agent algnature required algnature required algnature required algnature required at the second at	poration submits this statement for tion's board of directors. I hereby ired when reinstating)	OFFICERS	AND DIRECTOR Change Change Change Change Change Change Change Change Change	IS IN 12 Addition  Addition  Addition  Addition  Addition  Addition  Addition

•